

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

42256

1. PLACE OF DEATH

County Registration District No. **781**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **4707**) **Wilcox Ave**

File No.
Registered No. **12143**
St. Ward)

2. FULL NAME

Blanche Brooks
(a) Residence, No. **6139** **Gambelton** St., **5** Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edgar F. Brooks		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 5, 1878		
7. AGE 53	YEARS 3	MONTHS 29
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo**

FATHER 13. NAME **Abraham Kempinsky**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **Alphonsa Aubrey**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

17. INFORMANT (ADDRESS) **Edgar F. Brooks**
4707 Wilcox Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Valhalla** DATE **12-7** **31**

19. UNDERTAKER (ADDRESS) **Nieghausen Highway**
4738

20. FILED **12-7-31** **May C. Vanden**
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12-4** 19**31**
22. I HEREBY CERTIFY, That I attended deceased from **11-7** 19**31** to **12-4** 19**31**
I last saw him alive on **12-4** 19**31** Death is said to have occurred on the date stated above, at **11:30** am.
The principal cause of death and related causes of importance were as follows:

Myocarditis (Chr)
Pneumonia (aut)
19 days
Nov 14
Other contributory causes of importance:
Operation for Abdominal Hernia

Name of operation **Repair of Hernia** Date of **Oct 1931**
What test confirmed diagnosis? **Phys Exam** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify
(Signed) **Robert S. Mayer** M. D.
(Address) **515 7th St**
St. Louis Mo

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

